

INPUT CONTROL DOCUMENT (ICD) For use of this form, see AR 37-104-10; the proponent agency is USAFAC			ICD NUMBER (PRN-YY-MM-###)			PAGE OF		
TO:			FROM:					
			PHONE NO.		AUTOVON		COMMERCIAL	
PROCESSING PRIORITY <input type="checkbox"/> ROUTINE <input type="checkbox"/> SPECIAL <input type="checkbox"/> MOBILIZATION								
TYPE DOCUMENTS <input type="checkbox"/> IDT <input type="checkbox"/> AT/ADT								
<input type="checkbox"/> Accession/Arrive <input type="checkbox"/> JUMPS-RC Pay Docs <input type="checkbox"/> PDC/UDC Req <input type="checkbox"/> Emergency Pmt Req <input type="checkbox"/> Travel Voucher Only <input type="checkbox"/> Pre-Camp Roster			<input type="checkbox"/> 7 Days - (AT/ADT) <input type="checkbox"/> 7 Days - (AT/ADT) W/Tvl Voucher <input type="checkbox"/> 8 Days + (AT/ADT) <input type="checkbox"/> 8 Days + (AT/ADT) W/Tvl Voucher <input type="checkbox"/> AT/ADT Supplemental <input type="checkbox"/> Incapacitation Pmt Req <input type="checkbox"/> Basic Unit Data Sheet (BUDS)			<input type="checkbox"/> SLRP/HPLR <input type="checkbox"/> Inquiry <input type="checkbox"/> Debt Collection Doc <input type="checkbox"/> Deceased <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Other		
<input type="checkbox"/> Missing Docs			Attached Documents Related to Previous ICD No. _____					
ENTER ID (Do Not Enter If Pre-Camp Roster, BUDS, OR UDC Req)								
SSN	NAME	NO. DOCS.	DOCUMENT NAME/REMARKS					
Total Document Count								
ATTACHED DOCUMENTS REFLECT THE TRUE STATUS OF THE PERSONNEL IDENTIFIED THEREON AND ALL PERSONNEL HAVE PERFORMED TRAINING AS INDICATED AND, IN ACCORDANCE WITH LAW AND REGULATION, ARE ENTITLED TO PAY.								
POINT OF CONTACT:			CERTIFYING OFFICER'S SIGNATURE				DATE	
INPUT STATION USE ONLY								
ROUTING INFORMATION								
LOC. CD.	DATE	CLK. INIT.	LOC. CD.	DATE	CLK. INIT.	LOC. CD.	DATE	CLK. INIT.
CHECK ONE ONLY <input type="checkbox"/> JRC-WUOL <input type="checkbox"/> JRC-MCL <input type="checkbox"/> DTUOL <input type="checkbox"/> WTUOL <input type="checkbox"/> OTHER								
SUBSTANTIATING DOC NO. (SDN) Low High							AT/ADT BATCH NO.	
VOIDED SDNs								
REMARKS								